

EXHIBIT C

JUN-13-2006 TUE 02:46 PM ROBERT_ODGERS, PHD

8173355787

P. 02

ROBERT P. ODGERS, PhD, ABPP

*Diplomate in Clinical Neuropsychology,
American Board of Professional Psychology*

1814-B Eighth Avenue
Ft. Worth, Texas 76110
817-335-5565
817-335-5787 (fax)

NEUROPSYCHOLOGICAL EVALUATION

NAME: Chris Castillo
AGE: 19
DATE OF BIRTH: 2/17/87
SEX: Male
EDUCATION: 11
OCCUPATION: Student
HANDEDNESS: Right
DATE TESTED: 2/9/06 & 3/16/06
TESTED BY: Robert P. Odgers, PhD, ABPP

REASON FOR REFERRAL

This patient was referred for neuropsychological evaluation by his attorney, Mr. Bruce Craig, to evaluate current levels of cognitive and emotional functioning. He sustained a closed head injury in a motor vehicle accident in May of 2003.

BACKGROUND INFORMATION

Mr. Castillo is a 19 year old, white, right handed male who lives in Douglass, Texas. He is a senior in high school and reports being an average student in the past. He was held back in the second grade and he has been in special education classes for math since elementary school. He reports that he has been having more difficulty in school since his accident, and he failed English over two periods this year. The patient is single, although he does have an 11 month old son.

According to Mr. Castillo, he was involved in a high speed motor vehicle accident on 5/6/03. He was a seat belted passenger in the back seat of a Ford Escort when the driver veered to avoid a truck coming from the other direction. A strut reportedly broke and the vehicle rolled, with the patient half way out of the car while it was rolling. He sustained loss of consciousness of undetermined length of time. He reports that he does not have any direct recollection of the accident, and post-traumatic amnesia period is estimated at four to seven days. The patient was treated at Nacodoches Memorial Hospital. He was not able to attend school for two weeks following the accident. Currently, the patient complains of daily headaches, inability to breathe through his nose, poor memory, inability to remember what he reads, and being more withdrawn.

Mr. Castillo's prior medical history is negative for surgeries of major illnesses. Neurologically, there is no prior history of head trauma, seizures, or infectious diseases of the nervous system. He denies any prior psychiatric history and none is reported in the family. The patient denies using alcohol or illicit drugs. Current medications include Singulair and Midrin.

JUN-13-2006 TUE 02:46 PM ROBERT_ODGERS, PHD

8173355787

P. 03

Page 2
Chris Castillo

TESTS ADMINISTERED AND BEHAVIORAL OBSERVATIONS

Wechsler Adult Intelligence Scale-Third Edition
Wide Range Achievement Test-Revision 3
Wechsler Memory Scale-Third Edition
Rey-Osterrieth Figure (With Memory)
Category Test
Tactual Performance Test (TPT)
Seashore Rhythm Test
Speech Sounds Perception Test
Trail Making Test
Finger Tapping Test
Hand Dynamometer
Perceptual Examination
Test of Memory Malinger (TOMM)
21-Item Memory Test (Iverson & Franzen, 1989)
Paired Items Test Figures (NAN, 1994)
Rey 15-Item Memory Test
Dot Counting Test
Minnesota Multiphasic Personality Inventory-2 (370 Item Version)
Clinical Interview

Mr. Castillo was initially interviewed with his mother at the examiner's office on 2/9/06 and seen back for testing on 3/16/06. He appears neatly groomed and age appropriately dressed, without gross physical defect. The patient was generally cooperative with the examiner and rapport was adequately established. He is capable of a full range of affect which is easily mobilized. He denies depressed mood, but reports being irritable. Appetite is normal. Sleep is disturbed with some initial insomnia and some early morning waking with an inability to return to sleep. He reports fluctuation in energy level. Thoughts appear goal directed with associations tight; I see no evidence for hallucinatory or delusional processes.

In approaching individual tasks, the patient's effort and motivation appeared adequate. I note that he appears somewhat distractible, often looking out the window. He shows excessive foot tapping and arm movement. The following data give an accurate reflection of his current levels of neuropsychological functioning.

VALIDITY ASSESSMENT

On the Rey 15-Item Memory Test, the patient recalled 12/15 items. On the Dot Counting Test, he showed dramatic improvement in time scores from ungrouped to grouped dots. On the TOMM, he recalled 48/50 items on Trial 2, although his performance dropped to 42/50 on the retention trial suggesting possible diminished effort on the retention trial. His score of 22/41 on the 21-Item Test and Paired Items Test Figures is within normal limits, although recall is on the low end of normal

JUN-13-2006 TUE 02:47 PM

ROBERT_ODGERS, PHD

8173355787

P. 04

Page 3
Chris Castillo

limits. However, his performance on recognition subtests of the WMS-III fell well within normal limits, and his performance on Halstead measures frequently associated with response manipulation (Seashore Rhythm, Speech Sounds Perception) fell within normal limits. Overall, the patient's performance on validity measures appears normal and the neuropsychological data can be interpreted with confidence.

TEST RESULTS

ORIENTATION: The patient is alert and relatively oriented to person, place, time, and situation, missing only the date of the month by five days. He was able to name the current president and the previous president.

ATTENTION/CONCENTRATION: As noted, the patient appears distractible from a clinical perspective. However, his performance on actual test items was generally consistent with his overall level of functioning. On the Working Memory Index of the WAIS-III, his score fell in the upper end of the Low Average range (Index = 88). On digit span, he was able to repeat seven digits forward and five digits backward. He was able to rearrange strings of numbers and letters to a maximum item length of six which normal for his age. Performance on Seashore Rhythm and Speech Sounds Perception fell within normal limits.

LEFT/RIGHT ORIENTATION: Intact both intra and extrapersonally.

SPEECH & LANGUAGE: Spontaneous speech is fluent and grammatically correct without evidence for paraphasic errors or word finding difficulties. Confrontation naming is intact to both simple and less obvious items. Repetition is intact. Verbal comprehension is intact to both simple and syntactically complex, multistep commands. Reading and spelling scores fell within normal limits. I see nothing to suggest an aphasic disorder.

LEARNING & MEMORY:

WECHSLER MEMORY SCALE - THIRD EDITION

PRIMARY SUBTEST	SCALED SCORES
Logical Memory I	9
Faces I	9
Verbal Paired Associates I	12
Family Pictures I	11
Word Lists I	7
Logical Memory II	7
Faces II	7
Verbal Paired Associates II	9
Family Pictures II	11

JUN-13-2006 TUE 02:47 PM ROBERT_ODGERS, PHD

8173355787

P. 05

Page 4
Chris Castillo

Word Lists II

9

Auditory Immediate Index = 102
Visual Immediate Index = 100
Immediate Memory Index = 102
Auditory Delayed Index = 89
Visual Delayed Index = 94
Auditory Recognition Delayed Index = 120
General Memory Index = 96

On the WMS-III, this patient obtained an Immediate Memory Index of 102 and a General Memory Index (delayed recall) of 96. These data place him in the Average range of memory functioning which is likely consistent with premorbid levels of functioning. The scores are quite consistent with statistical predictions based on his IQ and, in general, there is nothing to suggest declines in memory functioning from estimated premorbid levels. He does not show rapid forgetting or decay of information across time. First trial learning scores are normal, and he shows normal learning curves across trials. The discrepancies between auditory and visual scores are not significant and there is nothing to suggest a modality specific type of problem.

Supplementary data are consistent with the above. The patient scored well within normal limits on both immediate and delayed recall of the complex Rey-Osterrieth figure. Both Location and Memory scores from the TPT fell within normal limits. In general, I see nothing to suggest an amnesic disorder.

IQ & MENTAL FLEXIBILITY:

WECHSLER ADULT INTELLIGENCE SCALE-THIRD EDITION

VERBAL TESTS	SCALED SCORES	PERFORMANCE TESTS	SCALED SCORES
Vocabulary	8	Picture Completion	8
Similarities	7	Digit-Symbol Coding	6
Arithmetic	5	Block Design	9
Digit Span	9	Matrix Reasoning	11
Information	6	Picture Arrangement	7
Comprehension	10	Symbol Search	9
Letter-Number Sequencing	10		
Verbal IQ = 85		Verbal Comprehension Index = 84	
Performance IQ = 87		Perceptual Organization Index = 95	
Full Scale IQ = 85		Working Memory Index = 88	
		Processing Speed Index = 86	

JUN-13-2006 TUE 02:47 PM ROBERT_ODGERS, PHD

8173355787

P. 06

Page 5
Chris Castillo

WIDE RANGE ACHIEVEMENT TEST-REVISION 3

SUBTEST	STANDARD SCORE	PERCENTILE	GRADE EQUIVALENT
Reading	91	27	High School
Spelling	85	16	6
Arithmetic	79	8	5

On the WAIS-III, this patient obtained a Verbal IQ of 85, a Performance IQ of 87, and a Full Scale IQ of 85. These data consistently place him in the Low Average range of intelligence with the FSIQ falling at the 16th %tile for his age group. I see nothing to suggest declines from estimated premorbid levels of functioning. The two point discrepancy between verbal and performance scores is not significant. This increasing to 11 points when just the Verbal Comprehension and Perceptual Organization indices are compared, and he may have relative weaknesses in verbal capabilities on a long-term basis. Arithmetic performance appears as a relative weakness consistent with his educational history. He shows a relative strength on a measure of fluid reasoning. Psychomotor speed is consistent with his overall level of functioning.

Achievement scores in reading, spelling, and arithmetic are consistent with his intellectual scores and I see nothing to suggest specific declines or learning disabilities.

On the Category Test, this patient made 26 errors which is well within normal limits (usual cutoff score = 50 errors). He is able to easily form and shift conceptual problem solving strategies. Performance on the Trail Making Test fell within normal limits and there is nothing to suggest declines in conceptual tracking or visual scanning. Overall time score on the TPT fell within normal limits and he is able to integrate kinesthetic cues with motor output. These are good measures of the integrity of the brain and the data would argue against organic dysfunction.

CALCULATIONS: Basic operations appear to be intact.

VISUAL-SPATIAL: The patient was able to copy the complex Rey-Osterrieth figure keeping spatial aspects intact and I see nothing to suggest constructional apraxia. He was able to read clocks without numbers and do simple mental rotations. Performance on more complex tasks of spatial visualization (Block Design) and complex pattern completions (Matrix Reasoning) fell within normal limits. I see nothing to suggest a spatial disorder.

SENSORIMOTOR: Visual fields and tactile sensation are intact to confrontation with both single and double simultaneous stimulation. I see no evidence for any ideomotor apraxia, finger agnosia, agraphesthesia, or astereognosis. No localizing signs were seen on the TPT. Finger tapping speed and grip strength fell within normal limits bilaterally.

EMOTIONAL: MMPI-2 validity scales indicate that this patient is openly acknowledging distress and asking for assistance with his problems. The profile is valid. High points are seen in two

JUN-13-2006 TUE 02:48 PM

ROBERT_ODGERS, PHD

8173355787

P. 07

Page 6
Chris Castillo

separate groups. The first group is described as being egocentric, impulsive, and unable to delay gratification. They show poor judgment and get into trouble because of acting out behaviors. However, at the present time, some form of constraint is being placed on their behavior causing a reactive depression. This depression typically resolves itself once they are able to extricate themselves from the situational constraints.

The second group with this profile show more chronic depressive features without significant acting out types of problems. These patients are displaying hostility and resentment, often associated with family problems or similar situations that make them feel trapped and hopeless. They are immature, dependent, and egocentric and often vacillate between pitying themselves and blaming others for their difficulties.

DIAGNOSTIC IMPRESSION:

310.2 Post-Concussional Syndrome
309.0 Adjustment Disorder, Depressed

SUMMARY

This 19 year old male is three years status post relatively severe closed head injury. Current test data place him in the Low Average range of intelligence which appears consistent with estimated premorbid levels of functioning. Memory scores are falling in the Average range and I see nothing to suggest a significant amnesic disorder. Performance fell within normal limits on measures of higher level conceptual thinking and problem solving, and the data are not consistent with organic dysfunction. His overall Halstead Impairment Index fell in the normal range (Index = .14) and there is nothing in the data to suggest cognitive sequelae secondary to a closed head injury. Despite what I would consider to be a relatively serious head trauma, this patient's recovery appears to have been quite good. He continues with post-traumatic headaches and depression, consistent with a post-concussional disorder, but current cognitive data appear normal. Treatment should be symptomatic.



Robert P. Odgers, PhD, ABPP
Clinical Neuropsychologist

APR-28-2006 FRI 12:12 PM

ROBERT_ODGERS, PHD

8173355787

P. 02

INVOICE

4/28/06

Robert P. Odgers, PhD, ABPP
 1814-B Eighth Ave.
 Ft. Worth, Texas 76110
 Tax ID: 143481461
 817-335-5565

Bruce Craig, Attorney
 400 South Alamo St.
 Marshall, TX 75670

RE: Chris Castillo

Procedure				
REFERENCE	DATE	Patient Number	DESCRIPTION	AMOUNT
90801	2/9/06	2122	Initial Consultation	250.00
96118	3/16/06	2122	Neuropsychological Evaluation	2,250.00
Total				2,500.00

CREDITS				
REFERENCE	DATE	CHECK NUMBER	DESCRIPTION	AMOUNT
Total credits:				
Please pay this amount:				2,500.00